

215047716
70225

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 65	Agency Case No. B5-107353	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	11/17/2015		TIME OF ACCIDENT 1615		STATE USE ONLY Amended 11/17/2015
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1616	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 21ST - K		ONE-WAY STREET? <input checked="" type="radio"/> YES <input type="radio"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION					
1	NAME OF INTERSECTING ROADWAY K			IF NOT AT INTERSECTION		
V1/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
02	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
V2/M	R. WORK ZONE CODES R1 R2 R3 R4 S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b					
01	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO					
E	VEHICLE NO. 1					
2	DRIVER LICENSE NO.	H12551745		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N	DRIVER FRANK J LOGSDON		PHONE 4025702622		LOCAL NO.	
2	DRIVER ADDRESS 1324 MEADOW DALE DR, LINCOLN, NE 68505		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY) 10/11/1976	
V2/N	OWNER FRANK LOGSDON		PHONE 4025702622		LOCAL NO.	
3	OWNER ADDRESS 1324 MEADOW DALE DR, LINCOLN, NE 68505		CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	
G	CITATION <input type="radio"/> PENDING <input type="radio"/> NO		CITATION NO. lb494611		V1/1 18	
H	LICENSE PLATE PA NO.	SNV668		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
5	VEHICLE	2003	MAKE Buick	MODEL LESABRE	BODY STYLE 4 door Sedan	COLOR silver / chrome
V1/O	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1500		V1/4			
1	VEHICLE ID NO. (VIN)	1G4HP52K43U212810		INSURANCE COMPANY FARM BUREAU		
V2/O	TOWED TO		TOWED BY		POLICY NO. 7894110	
1	VEHICLE NO. 2					
I	DRIVER LICENSE NO.	H13517257		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P	DRIVER NYAMOCH B TAP		PHONE 4028055137		LOCAL NO.	
1	DRIVER ADDRESS 527 S. 27TH #1, LINCOLN, NE 68510		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY) 07/14/1984	
V2/P	OWNER NYAMOCH B TAP		PHONE 4028055137		LOCAL NO.	
1	OWNER ADDRESS 527 S 25TH ST APT 1, LINCOLN, NE 68510		CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> NO	
J	CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO		CITATION NO.		V2/1 18	
01	LICENSE PLATE PA NO.	TLY295		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V1/Q	VEHICLE	2001	MAKE Toyota	MODEL HIGHLANDER	BODY STYLE Compact Utility	COLOR white
4	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 2000		V2/2 18			
V2/Q	VEHICLE ID NO. (VIN)	JTEHF21A110004396		INSURANCE COMPANY SAFECO		
K	TOWED TO		TOWED BY		POLICY NO. Z4659789	
02	VEHICLE NO. 3					
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						SEX M F
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEAT Position Eject Body Region Injury Sev. Trans.
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEAT Position Eject Body Region Injury Sev. Trans.
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEAT Position Eject Body Region Injury Sev. Trans.
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

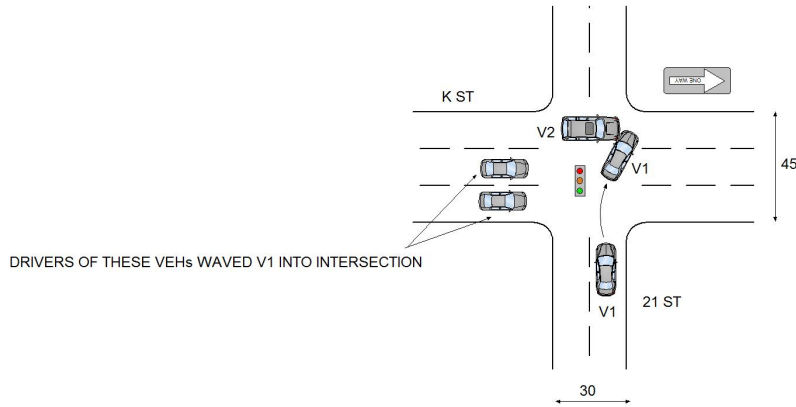
AGENCY CASE NO.
B5-107353



Indicate
North
by Arrow



POI - APPX 12' S OF S CURB OF K ST.
APPX 14' W OF E CURB OF 21ST.



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

DRIVER OF VEH 1 SAID HE WAS NB ON 21ST AND HAD STOPPED AT K. D1 SAID EB ONE WAY TRAFFIC HAD STOPPED. D1 SAID THAT THE MOTORISTS IN THE SOUTH AND MIDDLE LANES WAVED HIM INTO THE INTERSECTION TO MAKE A RIGHT TURN. D1 SAID HE DID NOT SEE THE EB VEHICLE IN THE FAR NORTH LANE UNTIL IT COLLIDED WITH HIM. DRIVER OF VEH 2 SAID SHE WAS EB ON K ST AT APPX 35 MPH. D1 SAID V1 SUDDENLY APPEARED IN FRONT OF HER AND SHE WAS UNABLE TO AVOID THE COLLISION.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS			PHONE
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION						POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2										
1	X				21	POINT OF IMPACT	08	POINT OF IMPACT	02	1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		ALCOHOL TESTING		Driver No. 1	Driver No. 2	Pedestrian
2			X		K ST	MOST DAMAGED AREA	08	MOST DAMAGED AREA	02	VEHICLE 2		VEHICLE 2		ALCOHOL LEVEL TESTED		Y	N	X
1	05	06 Turning left 07 Making U-turn								01 02 03 04 08 07 06				BAC LEVEL				
2	08	08 Entering traffic lane								01 02 03 04 08 07 06				ALCOHOL/ DRUGS SUSPECTED		Driver No. 1 1	Driver No. 2 1	
01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right 06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown						00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other				01 02 03 04 08 07 06				1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown				

OFFICER NO. 830	TROOP/ TEAM/ BEAT 4	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Greg Cody		INVESTIGATOR SIGNATURE Approved by Officer Greg Cody	DATE OF REPORT 11/17/2015